

## TRAINING COURSE PROVIDER ACCREDITATION APPLICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT LEAD POISONING PREVENTION PROGRAM 1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612 1-866-UNLEADED www.unleadedks.com

GENER/	AL INFO	)RM/	ATION

A complete application includes (pursuant to K.A.R. 28-72-4):

- 1. A completed Training Course Provider Accreditation Application form
- 2. List of all Instructors
- 3. A copy of the student and instructor manuals
- 4. The Course agenda
- 5. The Course examination blueprint
- 6. A copy of the quality control plan
- 7. A copy of a sample course certificate
- 8. A description of the facilities and equipment to be used for lectures and hands-on training
- 9. A description of the activities and procedures that will be used for conducting the skills assessment for each course
- 10. A check or money order payable to KDHE/LEAD for the one time initial fee of \$1000 plus the applicable nonrefundable course accreditation fees specified in K.A.R. 28-72-3, and
- 11. Documentation supporting the training manager's and principal instructor's qualifications

## INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF ACCREDITATION

Please type or print legibly.
 Mail completed application to:
 Kansas Department of Health & Environment,

Attn: Lead Poisoning Prevention Program, Curtis Building, 1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

KDHE USE ONLY		
Application		
Copy of Manual		
Course Agenda		
Blueprint		
Quality Control Plan		
Instructor		
Sample Course		
Description		
Qualification(s)		
Payment:	Check:	

PART A. PERSONAL INFORMATION NAME OF TRAINING PROVIDER				
MAILING ADDRESS (STREET)				
CITY STATE	ZIP			
TELEPHONE NUMBER FAX NUMBER	EMAIL ADDRESS			
()				
NAME OF TRAINING MANAGER	DATE OF BIRTH			
NAME OF PRINCIPAL INSTRUCTOR	DATE OF BIRTH			
PART B. LIST ALL TRAINING SITE ADDRESSES				

PART C. TRAINING MANAGER QUALIFICATIONS (Please submit supporting documentation)				
A minimum of one year experience in the construction industry including: lead or asbestos abatement, painting, carpentry, renovation, remodeling, safety and health, or industrial hygiene; and one (1) of the following:				
	A minimum of two (2) years of experience in teaching or training	adults or		
H		ing, industrial hygiene, safety, public health, business administration, or education, <b>or</b>		
	A minimum of two years of experience in managing a training pro	gram specializing in environmental nazards.		
PART D. P	PRINCIPAL INSTRUCTOR QUALIFICATIONS (	Please submit supporting documentation)		
A Principal Instructor must have a minimum of one year of experience in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene, <b>OR</b> an associate degree or higher from a post secondary educational institution in building construction technology, engineering, safety, public health, or industrial hygiene. A Principal Instructor must also have:				
	Successfully completed of at least 24 hours of any KDHE/ EPA-a	corredited lead-specific training and		
H				
	A minimum of one year of experience in teaching or training adul-	is.		
PART E. A	ACCREDITATION FEES			
CHECK	ALL TRAINING COURSES THAT APPLY	:		
□ A(	CCREDITATION FEE REQUIRED FOR	ALL APPLICANTS (REQUIRED FOR ALL): \$1000.00		
	INITIAL DICK ACCECCOD	\$1000.00		
H	INITIAL RISK ASSESSOR INITIAL ABATEMENT SUPERVISOR	\$1000.00 \$1000.00		
H	INITIAL ABATEMENT SOLERVISOR INITIAL ABATEMENT WORKER	\$1000.00		
H	INITIAL ADATEMENT WORKER INITIAL PROJECT DESIGNER	\$1000.00		
H	INITIAL WORKER - SPANISH	\$1000.00		
H	INITIAL SUPERVISOR – SPANISH	\$1000.00		
	ENTER SOLEKVISOR SITEVISI	ψ1000.00		
	REFRESHER RISK ASSESSOR	\$500.00		
	REFRESHER ABATEMENT SUPERVISOR	\$500.00		
	REFRESHER ABATEMENT WORKER	\$500.00		
	REFRESHER PROJECT DESIGNER	\$500.00		
	REFRESHER WORKER – SPANISH	\$500.00		
	REFRESHER SUPERVISOR - SPANISH	\$500.00		
THIS APPLICATION WILL <u>NOT</u> BE ACCEPTED IF SIGNATURE IS OMITTED.				
I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations, and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations. I also attest and affirm that I will conduct lead training only in those occupations in which I have received accreditation.				
SIGNATURE	(TRAINING MANAGER)	DATE		
DIGINATURE	(TRIBUTO MANAGER)	DAIL		

KS 202 REV 03/06